



2025 CAGD Membership

January 1 – December 31, 2025

COVER FORM

League Name: _____

Course Name: _____

CAGD Members _____

X \$8.00 each = _____

Make check payable to CAGD

MEMBERSHIP SUBMISSION DUE NO LATER THAN FEB 1, 2025

Be sure to include the following pages

- Cover Form (this page)
- CAGD REP contact information
- Alphabetized list with name, GHIN#, phone # and LEGIBLE email addresses
(this can be sent to Kathy4az@gmail.com as an excel spreadsheet)

Mail check and above forms to the CAGD Membership Chair

Kathy Fuller
16259 W Mission Cove Lane
Surprise, AZ 85374

Thank you for being a representative for your club. You play an important role in making Central Arizona Golf District a success.



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REP FORM

Please complete this form and mail to Membership Chair, even if you do not have any changes from last year.

Rep Name:

Address:

City:

Zip

Email:

Phone:

Alternate Rep:

Address:

City:

Zip

Email:

Phone:

Blind Draw Checks

Payable to:

Mail to:

Name:

Address:

City:

Zip Code:

Email:

Phone:
